

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1.					61					
2.					62					
3.					63					
4.					64					
5.					65					
6.					66					
7.					67					
8.					68					
9.					69					
10.					70					
11.					71					
12.					72					
13.					73					
14.					74					
15.					75					
16.					76					
17.					77					
18.					78					
19.					79					
20.					80					
21.					81					
22.					82					
23.					83					
24.					84					
25.					85					
26.					86					
27.					87					
28.					88					
29.					89					
30.					90					
31.					91					
32.					92					
33.					93					
34.					94					
35.					95					
36.					96					
37.					97					
38.					98					
39.					99					
40.					100					
TOTAL IND.					TOTAL IND.					
TOTAL DEP.					TOTAL DEP.					
TOTAL CLAIMS					TOTAL CLAIMS					